P.01/03

VIA FAX: 703-746-9195 (3) pages

Attorney Docket No. 14XZ121711/GEM-0110

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

: PROCESS AND DEVICE FOR VASCULAR

LIENARD ET AL.

NAVIGATION

Application No.

10/742,340

3762

Filed:

12/19/2003

: Examiner:

Confirmation No:

6412

: Date:

: Art Unit:

March 17, 2005

NEED FOR A CORRECTED FILING RECEIPT

Commissioner for Patents - OIPE P.O. Box 1450 Alexandria, VA 22313-1450

The official filing receipt for the above application requires or will require a correction to correct an error in or conform to the Declaration submitted with the filing of this application with respect to one of more of the named inventors or address or priority daim or title as indicated below in bold and, If available, as encircled on the attached photocopy of the filing receipt and/or the Notice of Allowance:

APPLICANT(S) NAME APPEARING ON FILING RECIEPT:	APPLICANT(S) NAME CHANGE CORRECTION NEEDED:		
(family name) (given name)	(family name) (given name)		

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15 rue de General Cordonnier 92200 Neully sur Seine

DOMESTIC PRIORITY CLAIM APPEARING ON THE FILING RECEIPT

DOMESTIC PRIORITY CLAIM CHANGE

CORRECTION NEEDED

NONE

FOREIGN APPLICATIONS APPEARING ON THE FILING RECEIPT

FOREIGN APPLICATIONS CHANGE

CORRECTION NEEDED

NONE

Attorney Docket No.14XZ121711/GEM-0110

TITLE ON FILING RECEIPT

TITLE CHANGE CORRECTION NEEDED

PROCESS AND DEVICE FOR VASCULAR **NAVIGATION**

NONE

A corrected filing receipt and/or Notice of Allowance, as applicable, is requested.

Respectfully submitted,

LIENARD ET AL.

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Jay L. Chaski

Date: March 17, 2005

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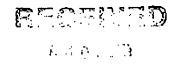
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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	Fil fee rec'd	ATTY.DOCKET NO	DRAWINGS	TOT CLMS	IND CLM9
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CONFIRMATION NO. 6412

23413 CANTOR COLBURN, LLP 55 GRIFFIN ROAD SOUTH BLOOMFIELD, CT 06002



Maria Land

Date Mailed: 04/02/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filling Receipt, please write to the Office of Initial Patent Examination's Filling Receipt Corrections, facultuile number 703-748-9195. Please provide a copy of this Filling Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filling Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filling Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

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Domestic Priority data as claimed by applicant

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If Required, Foreign Filing License Granted: 04/01/2004

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Early Publication Request: No

Title

Process and device for vascular navigation

Preliminary Class